



Nutley Public Schools

Field Trip Request Form 2018-2019

Teacher in Charge		Date of Request	
Field Trip Site			
Date of Trip		Rain Date	
Location of Trip		Telephone of Location	
Admission Fee		Cost per Pupil (all fees including transportation)	
Departure Date and Time		Return Date and Time	

Number of Students		Grade or Group	
Number of Teachers		Content Area	
Names of Teachers			
Number of Chaperones			
Names of Chaperones, if known			

Will students be eating on the trip?	Yes	No
Please explain:		

What is the purpose of the field trip?

How does this trip align with the curriculum? How does it fit into the unit of study?

What will your students do or learn prior to the field trip to prepare for the visit? Please be specific and tie it to the curriculum.

What will the students do while on the trip to maintain the educational component?

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What will the students do upon return from the trip as it relates to the curriculum?

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What data will you collect to measure student learning and the effectiveness of the field trip? How will you analyze the data?

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**Office Use Only**

Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Special Notes:** Permission slips must be reviewed by the teacher in charge to check for students who may require special medical accommodations (i.e. diabetes, food allergies, heart condition, etc.)

\*Signature indicates that the school nurse is aware of the trip. It does not indicate approval of the trip.

Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Curriculum or Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature indicates that any out-of-state or overnight trip was reviewed by the Academic Committee prior to approval.